

ISSUE SLIP STAPLE AREA (for additional class references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER		27	57-22-23
FORMALITY REVIEW		(054155)	7/30

## INDEX OF CLAIMS

✓ ..... Rejected = ..... Allowed - (Through numeral) ... Canceled ÷ ..... Restricted	N ..... Non-elected I ..... Interference A ..... Appeal O ..... Objected
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Claim		Date	
Final	Original		
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
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Claim		Date	
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Claim		Date	
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If more than 150 claims or 10 actions  
staple additional sheet here